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MARGARET A. DOBROWITSKY

DELPHI TECHNOLOGIES, INC. Legal Staff, Mail Code: 480-414-420 P.O. Box 5052

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(Depositor's name) (Signature) (Datc)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/900,248	07/06/2001	Duane Joseph Buening	DP-302682	5981				

TITLE OF INVENTION: ROTOR FOR AN AC GENERATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE PUBLICATION FE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300)	\$300	\$1600	12/23/2003
EXAMINER		ART UNIT		CLASS-SUBCLASS	1	
LE, DANG D		2834 310-263000		-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Jimmy L. Funke			
	D RESIDENCE DATA TO B s an assignee is identified be sed to the USPTO or is being s NEE	low, no assignee d submitted under se	ata will appea parate cover.	(print or type) ar on the patent. Inclusion of a Completion of this form is NO E: (CITY and STATE OR CO		ate when an assignment has ignment.
DELPHI TECH	INOLOGIES, INC.		Ţ	ROY, MICHIGAN		
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been previously submitted to the USPTO or is being submitted (A) NAME OF ASSIGNEE	nder separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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Please check the appropriate assignee category or categories (will	not be printed on the patent);	individual -	Corporation or other private group	entity 🗅 governmen	
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Advance Order - # of Copies The Director Deposit Account		hereby authorized by charge the required fee(s), or credit any overpayment, the value of (x,y) (conclose an extra copy of this form).			
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